C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0036 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

June 1, 2007

John Hoopes Caribou Memorial Hospital 300 South 3<sup>rd</sup> West Soda Springs, Idaho 83276

RE: Caribou Memorial Hospital, provider #131309

Dear Mr. Hoopes:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety survey, which was concluded at your facility, Caribou Memorial Hospital, on May 23, 2007.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, State form, which states that no State deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Caribou Memorial Hospital June 1, 2007 Page 2 of 2

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **June 14, 2007**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

ERIC MUNDELL

Health Facility Surveyor

Fire/Life Safety & Construction Program

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EM/mlw

Enclosures

## CARIBOU MEMORIAL ELOSIPIULALI AND LIVING CENTER 300 S. 3rd W. • Soda Springs, ID 83276 • (208)547-3341 • fax (208)547-2790 • cariboumemorial.org

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June 6, 2007

Mr. Eric Mundell Health Facility Surveyor Idaho Department of Health & Welfare PO Box 83720 Boise, ID 83720-0036

Re: Caribou Memorial Hospital Provider #131309

Dear Mr. Mundell:

Attached is our response to the findings of your survey, which was concluded on May 23 and which we received on June 4.

If you should have any questions regarding our response, please let me know.

Thank you.

Sincerely,

Yohn L. Hoopes

Chief Executive Officer

Enclosures

RECEIVED

JUN 13 2007

**FACILITY STANDARDS** 

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 05/30/2007 FORM APPROVED OMB NO. 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 131309 05/23/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 SOUTH 3RD WEST **CARIBOU MEMORIAL HOSPITAL** SODA SPRINGS, ID 83276 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 K 000 INITIAL COMMENTS The facility is a two story, fire resistive construction building. The plans were approved in May 1967. Hazardous areas are protected by an automatic fire sprinkler system and there is full smoke detection coverage. Currently the facility is licensed for 25 hospital beds. In addition there are 37 NF beds in the upper level. The following deficiency was cited during the 31 fire/life safety survey. The surveyor conducting the survey was: Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program K 056 K 056 NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13. Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the RECEIVED Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water JUN 13 2007 supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the FACILITY STANDARDS building fire alarm system. 19.3.5 This Standard is not met as evidenced by: LABORATORY DIRECTOR'S ON PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE 6-5-07

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

98BX21

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 05/30/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
131309			B. WING		05/23/2007		
CARIBOU MEMORIAL HOSPITAL 300 SO				PRESS, CITY, STATE, ZIP CODE BUTH 3RD WEST SPRINGS, ID 83276			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	CTION SHOULD BE C THE APPROPRIATE	
K 056					6/5/07		

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 05/23/2007 131309 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 SOUTH 3RD WEST CARIBOU MEMORIAL HOSPITAL SODA SPRINGS, ID 83276 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) B 000 16.03.14 Initial Comments B 000 K056 - The top shelf on the shelving unit was removed on June 5, 2007 by The facility is a two story, fire resistive Carl Lemons, Supervisor of construction building. The plans were approved Maintenance, therefore things cannot in May 1967. Hazardous areas are protected by be placed on that shelf so they an automatic fire sprinkler system and there is obstruct the sprinkler heads again, and full smoke detection coverage. Currently the facility is licensed for 25 hospital beds. In signs were posted prohibiting placing addition there are 37 NF beds in the upper level. things within 18 inches of sprinkler heads, as shown in the attached photo. A deficiency was cited during the survey under Also, this will be discussed at the K056 on the federal CMS 2567 form. S. 1. 1. 2 June 21 organization-wide Safety The surveyor conducting the survey was: Committee meeting, so all personnel 13.3 will understand the reason for not Eric Mundell REHS placing items within 18 inches of any Health Facility Surveyor sprinkler head anywhere. Facility Fire/Life Safety and Construction Program RECEIVED JUN 13 2007 FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(20

(X6) DATE